



APPLICATION TO APPLY PESTICIDES

UTAH DEPARTMENT OF AGRICULTURE AND FOOD

350 N REDWOOD ROAD

PO BOX 146500

SALT LAKE CITY, UTAH 84114-6500

(801) 538-7185

Last Name

First Name

Initial

License No.

400 -

	CEU's
	Reciprocal License
	Other

	Commercial
	Non-Commercial
	Private
	Certification
	Recertification

I hereby apply to be licensed as a pesticide applicator in Utah in one or more of the categories listed below:

Test Score

1	Agriculture	
	a. Plant	
	b. Animal	
2	Forest	
3	Ornamental & Turf	
4	Seed Treatment	
5	Aquatic	
	a. Surface Water	
	b. Sewer Root Control	
6	Right-of-Way	
7	Structural	
8	Public Health	
9	Regulatory	
10	Demonstration	
11	Aerial	
12	Vertebrate	
13	Fumigation	
14	Wood Preservation	
15	Wood Destroying Organisms	

Social Security No. _____

Business Name:

Daytime Telephone: _____

Mailing Address:

(Street)

(City)

(State)

(Zip)

(County)

I hereby certify that the information presented hereon is correct.

Signature of Applicant

Date

Examiner: _____